



STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)
APPLICATION FOR CONVERSION OF CERTIFICATION

1103 Rear Southwest Boulevard
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

PURPOSE OF FORM: This form is to be used by an interpreter who wants to convert their certification issued by a certifying entity other than the Missouri Interpreters Certification System (MICS) to an MICS certification.

INSTRUCTIONS: Return the completed and notarized form along with the appropriate fee (\$60.00 Application, Conversion Fee) to MCDHH, 1103 Rear Southwest Boulevard, Jefferson City, MO 65109. Fee payment must be in the form of a cashier's check or money order made payable to "MCDHH/BCI Fund". **NO PERSONAL CHECKS WILL BE ACCEPTED.**

I. APPLICANT INFORMATION

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

II. CURRENT CERTIFICATION INFORMATION

CERTIFYING ENTITY (NAME OF ISSUING AGENCY OR STATE)

DATE OF ISSUE (ATTACH COPY OF CARD)

III. AUTHORIZATION FOR RELEASE OF INFORMATION

CONTACT PERSON

PHONE NUMBER ADDRESS

SIGNATURE OF APPLICANT

(APPLICANT SIGNATURE IS REQUIRED FOR AUTHORIZATION OF RELEASE OF INFORMATION FROM OTHER CERTIFYING ENTITY)

III. AFFIDAVIT OF APPLICANT

I, the above-named applicant, being first duly sworn upon my oath, state as follows:

I have personally completed the foregoing application truthfully, completely and without omission;

The information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;

I will not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills and or any other testing material;

I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and

I make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT	DATE
Notary Public Embossed Seal Or Stamp	STATE	COUNTY (Or City Of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20	
	NOTARY PUBLIC SIGNATURE	My Commission Expires
	NOTARY PUBLIC NAME (Typed Or Printed)	

FOR OFFICE USE ONLY

Date Received	MICS Certification Level Issued	Fee Paid	Money Order/Cashier's Check Number	Received By
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